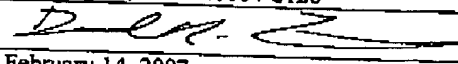


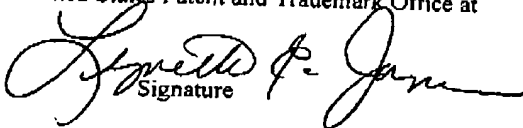
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	
		10/694,054	
		Filing Date	
		October 28, 2003	
		First Named Inventor	
		Keiichi KUNIMOTO	
		Group Art Unit	
		3641	
		Examiner Name	
		Troy Chambers	
Total Number of Pages in This Submission		Attorney Docket Number	
3		740737-000282	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Request For Reconsideration Of Notice Of Non-Compliant Amendment	<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Donald R. Studebaker, Reg. No. 32,815 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	February 14, 2007

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.	
February 14, 2007 Date	 Signature Lynette E. James Typed or printed name

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Docket No. 740737-282

Serial No. 10/694,054

Page 1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Keiichi KUNIMOTO

Serial No. 10/694,054

Filed: 10/28/2003

For: TOY GUN

)

) Group Art Unit: 3641

) Examiner: Troy Chambers

) Confirmation No.3885

) Date: February 14, 2007

**REQUEST FOR RECONSIDERATION OF
NOTICE OF NON-COMPLIANT AMENDMENT**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Non-Compliant Amendment mailed January 19, 2007,
please consider the remarks as follows.

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